

Entered -5-20-98 - sb  
CL 98L0357 - GWENDOLYN BURNS

CLAIM OF:

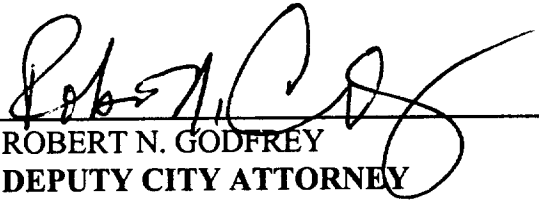
**ADRIAN BROWN**  
812 Myrtle Street  
Atlanta, Georgia 30308

01-*R*-0282

For property damages alleged to have been sustained when a truck backed into a balcony on April 13, 1998 at 1072 Piedmont Avenue, #102.

THIS ADVERSED REPORT IS  
APPROVED

BY:

  
\_\_\_\_\_  
ROBERT N. GODFREY  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0357

Date: February 13, 2001

Claimant /Victim ADRIAN BROWN  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 812 Myrtle Street, Atlanta, Georgia 30308  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 890.00 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 5/11/98 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 4/13/98 or 4/21/98 Place: Ellenwood Avenue & Brag Street, NE  
Department PUBLIC WORKS Division Solid Waste Services  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that a City sanitation truck backed into his balcony causing property damage. However, claimant has failed to pursue his claim.

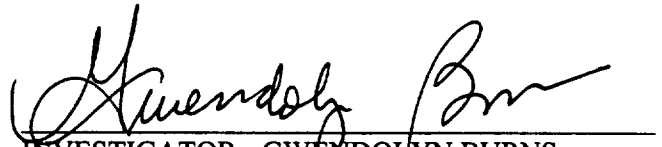
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

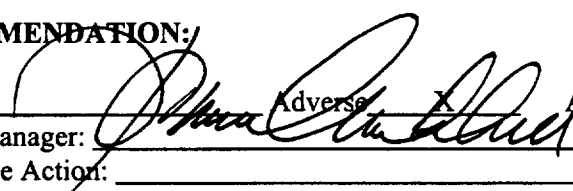
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned X

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 02-15-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

## COUNCIL OF THE CITY OF ATLANTA

## MUNICIPAL CLERK

City Hall

55 Trinity Avenue, S.W.

Atlanta, Georgia 30335

## RE: CLAIM FOR DAMAGES

Today's Date: 5/3/98

ENTERED - 5-20-98 - SB

98L0357 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 890 - property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 4/13 or 4/21 (PER TENANT) Time of Incident: 10 AM? 3. Police called: X  
(month/day/year) Yes No
4. Location of incident (including street address): 1072 PIEDMONT AVE #102 ATLANTA, 30309
5. Name of your insurance company: \_\_\_\_\_ Policy No. \_\_\_\_\_
6. State what and how incident occurred: SANITATION TRUCK BACKED INTO BALCONY (AS REPORTED TO ME BY MY TENANT). UPON INSPECTION IT IS EVIDENT IT HAS HAPPENED ON NUMEROUS OCCASIONS. (SEE ATTACHED PHOTOS)
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

ADRIAN BROWN

(Print Claimant's Name)

812 MYRTLE STREET

(Address)

ATLANTA, GA 30308

(City, State and Zip Code)

404 294 3718

(Work Number)

404 572 8240

(Home Number)

01-R-0282